PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE Fact Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FFF and PURI ICATION FFF (if required). Placks

appropriate. All further indicated unless correct maintenance fee notifica		ng the nerwise	Patent, advance o in Block 1, by (a) specifying a new co	orres	pondence address;	and/or	(b) indicating a sepa	rate "FEE Al	DDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
826	7590 04/24	/2007						-			
ALSTON & BIRD LLP BANK OF AMERICA PLAZA 101 SOUTH TRYON STREET, SUITE 4000						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FFE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.					
CHARLOTTE,	NC 28280-4000									Depositor's name)	
										(Signature)	
										(Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/720,029	10/720,029 11/18/2003			Douglas Deeds		042933/303662		3212			
TITLE OF INVENTION											
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DAT	E DUE	
nonprovisional	NO	\$1400		\$300	_	\$0		\$1700	07/2	4/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS							
D AGOSTA, STEPHEN M			2617	455-567000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.561). Change of correspondence address (or Change of Correspondence Address for PTO/SBI/22) states (or Change of Correspondence Address for PTO/SBI/24) states (or PTO/SBI/24) states (or PTO/SBI/24) states (or "Fee Address" indication form PTO/SBI/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of u or agents OR, alter (2) the name of a s	2. For printing on the patient front page, list [1] the names of up to 3 registered patient automeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered patient automeys or agents. If no name is listed, no name with be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the part recordation as set forth in 37 CFR 5.11. Completion of this form is NOT a substitute for filling (A) NAME OF ASSIGNEE Nokia Corporation (B) RESIDENCE: (CITY: Nokia Corporation) (CITY: Nokia Corporation) (CITY: Nokia Corporation)							e patent. If an assignee is identified below, the document has been filed for an assignment. TY and STATE OR COUNTRY)				
Please check the appropri	iate assignce category or	catego	rics (will not be pr	inted on the patent):		Individual XXI Co	rporatio	on or other private gro	ap entity 🔲	Government	
4a. The following fee(s) a Klssue Fee KPublication Fee (N Advance Order - #	d)	b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \text{ A check is enclosed.} \\ \text{ Psyment by credit card. Form PTO-2018 is attached.} \\ \text{\$\frac{\text{\$\frac{1}{2}\text{ First Prival}}{ First Prival Pr									
 Change in Entity State Applicant claims 	tus (from status indicated s SMALL ENTITY statu			☐ b. Applicant is no	long	er claiming SMAI	J. ENT	TTY status. See 37 CF	R 1 27(a)(2)		
NOTE: The Issue Fee and interest as shown by the r				from anyone other th	an th	e applicant; a regi	stered a	ttorney or agent; or the	assignee or	other party in	
Authorized Signature	Son L. Da	ré	and Trademark	Office.		DateJ					
Typed or printed name	Cory C. D	avís				Registration N	0	59,932			
This collection of informan application. Confident submitting the completed this form and/or suggesting box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C itality is governed by 35 I application form to the ons for reducing this but irginia 22313-1450. DC 13-1450.	FR 1.3 U.S.C. USPT den, sh NOT	11. The information 122 and 37 CFR 0. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection is depending upon the in Chief Information Of COMPLETED FORMS	or re esti- idivi ficer TO	etain a benefit by the mated to take 12 ndual case. Any co r, U.S. Patent and THIS ADDRESS	ne publi ninutes mments Fradem . SEND	to which is to file (and to complete, including on the amount of tirr ark Office, U.S. Dcpa O TO: Commissioner for	by the USPTe gathering, pre e you require tment of Con or Patents, P.O.	D to process) cparing, and to complete nmerce, P.O. D. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.